

### Instructions

- Complete this form in its entirety.
- Separate fax forms are required for each member and each request.
- You will receive a Notice of Coverage when approved, or contacted via phone if a peer-to-peer review is needed, within 24 hours (excluding weekends and holidays).
- If for some reason you do not receive a determination within 24 hours, call 1-866-595-8133.
- Once the member is discharged and no additional days are needed, fax the discharge to 1-866-698-6341 within 24 hours.

**Submit by fax to:**

**1-866-698-6341**

*Retain a copy of the fax confirmation for your records.*

### Review Information

Date: \_\_\_\_\_

UR Name: \_\_\_\_\_

UR Phone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

UR Fax: \_\_\_\_\_

ASAM LOC: \_\_\_\_\_

Provider NPI: \_\_\_\_\_

### Member Information

Full Name: \_\_\_\_\_

Age group:  Adult (21 and older)  
 Adolescent (under 21)

Medicaid ID: \_\_\_\_\_

Employment: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Admit Date: \_\_\_\_\_

### Clinical Information

DIM 1: (Acute intoxication and or withdrawal) \_\_\_\_\_

Vitals: \_\_\_\_\_

DIM 2: (Biomedical conditions) \_\_\_\_\_

DIM 3: \_\_\_\_\_

Drug of choice (include drug, amount, frequency, 1<sup>st</sup> use and last use): \_\_\_\_\_

Sober Supports: \_\_\_\_\_

Sober Time: \_\_\_\_\_

Why Now (current motivation): \_\_\_\_\_

Date and Results of Urine Drug Screen:

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CIWA/COWS:

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Goals/Treatment Plan:

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Goals That Have Been Completed (If This Is A Concurrent Review):

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## Medications

Name	Dose/Frequency	Initiation
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission
		<input type="checkbox"/> Prescribed prior to admission <input type="checkbox"/> Initiated during this admission

## Discharge Planning

Discharge Plan:

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Any barriers to successful discharge:

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## CSoC Screening

### Eligibility

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Is member between ages 5-20? (If "No", skip the remaining CSoC Screening questions.)  Yes  No

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DSM-V diagnosis?  Yes  No

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Currently receiving FFT, MST, or Homebuilders?  Yes  No

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### Appropriateness

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Has the child ever talked about or actually tried to hurt him/herself or acted in a way that might be dangerous to him/her?  Yes  No  
 Unknown

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Has the child ever been a danger to others (e.g. threatening to kill or seriously injure another person, fighting to the point of serious injury, been accused of being sexually aggressive, or engaging in fire setting)?  Yes  No  
 Unknown

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Has the child deliberately or purposefully behaved in a way that has gotten him/her in trouble with the authorities such as breaking the rules at school or laws in your community?  Yes  No  
 Unknown

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## If Sent to Physician Advisor Review for Not Meeting Medical Necessity

- By notes only**
- Peer to Peer** (complete below)

Attending Physician: \_\_\_\_\_

Phone number: \_\_\_\_\_ Best time to call: \_\_\_\_\_